

Myasthenia Gravis Society of Canada

Formerly known as Myasthenia Gravis Ontario (Chapter)

MEMBERSHIP APPLICATION

Date _____ New Member _____ Renewal _____
Last Name _____ Sex: Male _____ Female _____
First Name _____ Date of Birth _____
Address _____ Apt. or Unit No. _____
City _____ Postal Code _____
Telephone _____ - _____ - _____ Cell Phone _____ - _____ - _____
Name of Spouse, Partner or Significant Other _____ (optional)
E-mail Address _____ @ _____

In order to reduce postage costs I would like to receive the quarterly newsletter "Contact" via e-mail, rather than by regular mail: Yes _____ No _____
Would you like us to call you? Yes _____ No _____

For "Myasthenics Only" and for statistical purposes (held in strictest confidence):

My Neurologist is Dr. _____
Neurologist's Telephone No. _____ - _____ - _____

MEMBERSHIP FEE

Annual Membership \$ 20.00 + \$2.60 HST = \$ 22.60 \$ _____ (12 months – Individual or Family)
or \$ 50.00 + \$ 6.50 HST = \$ 56.50 \$ _____ (36 months – Individual or Family)
Donation \$ _____ (optional)
Total \$ _____

Please complete as much of the form as possible. All information is held in the strictest of confidence.

*It is important to keep your membership and record of information up to date and accurate each year.
Please advise any changes during your renewal period.*

Questions or Changes? Call 905 642 2545 or e-mail to membership@MGCanada.org

Please mail completed form and payment to:

Membership Coordinator – Myasthenia Gravis Society of Canada

c/o 247 Harold Avenue, Stouffville, Ontario, L4A 1C2.

Please make cheque payable to: MGSOC